KENTUCKY REGISTRY OF ELECTION FINANCE

140 Walnut Street, Frankfort, KY 40601-3240

502) 573-2226 / FAX (502) 573-5622	•0		•	
POLITICAL COMMITTEE REGISTRATION Please type or print Committee Name - Do not include candidate's name in committee name unless authorized by candidate. (KRS			Date Received	
				21.210(4)). Acronyms are permitted but full title from which derived must be shown. (KR:
Mailing address (including city, state and zip)		_ ••••••••		
State the name of sponsor, the specific source of fund ist the major business, social, or political interest repr		ch this committee is being registered. (F	Permanent committees must	
	This committee	nmittee is being organized as a: (check one)		
Date committee plans to be active: Committees with on-going activity use "Indefinite")		☐ CAMPAIGN COMMITTEE (for a candidate during an election campaign) - KRS 121.015(3)(a).		
FROM: / /	☐ CAUCUS	S CAMPAIGN COMMITTEE - KI	RS 121.015(3)(b).	
		□ POLITICAL ISSUES COMMITTEE (for an issue which will appear on the ballot) - KRS 121.015(3)(c).		
		NENT COMMITTEE (a permane s on a regular basis) - KRS 121.	_	
NOTE: The chairperson and the tr	easurer of a committe	ee shall be separate persons - K	(RS 121.170(4)	
CHAIRPERSON INFORMATION:		Daytime Telephone Number: (_		
		Home Telephone Number: (_		
Name		E-mail Address:		
Mailing address (including city, state and zip)				
TREASURER INFORMATION:		Daytime Telephone Number: (_		
		Home Telephone Number: (_		
Name		E-mail Address:		
Mailing address (including city, state and zip)				
CUSTODIAN OF FINANCIAL RECORDS INFORMATION:		Daytime Telephone Number: (_		
if other than treasurer)		Home Telephone Number: (_	,	
Name		E-mail Address:		

Mailing address (including city, state and zip)

REGISTRY USE

This Section to be completed by Campaign Committees Only Candidate to be supported by committee: Date of Birth Party Affiliation Name Mailing Address (Including city, state and zip) Office Sought Does the candidate's name appear in the name of the committee? YES NO Has the candidate approved the use of his name? ____YES (See Candidate's Authorization Box at bottom) ___ This Section to be completed by Political Issues Committees ONLY Constitutional amendment or public question to be advocated or opposed - KRS 121.015(3)(c) **Opposes** the above listed consitutional amendment or public question. This committee • **Supports** or This Section to be completed by ALL Committees Primary Depository - Designate depository bank or financial institution in which the committee will maintain its funds. Name of bank or institution Mailing Address (Including city, state and zip) **VERIFICATION BY OATH OR AFFIRMATION** We, the undersigned, state we are the Chairperson and Treasurer of the above described committee and this Political Committee Registration is true, correct and complete. Signature of Chairperson Signature of Treasurer Date CANDIDATE'S AUTHORIZATION - (If Applicable) I have read and understand the conditions of KRS 121.180(9); and further understand that I am personally relieved from filing the CANDIDATE ELECTION FINANCE STATEMENT, as long as I comply with these conditions. I will immediately notify the Registry of Election Finance if I can no longer comply with these conditions and I will file any and all reports required by KRS Chapter 121. , hereby agree to the above statement and authorize the Print Candidate's Name use of my name by this committee. Signature of Candidate Date